

VETERANS CERTIFICATE OF DISABILITY

Purpose: Veterans use this form to apply for special license plates or permanent disabled parking placards.

Virginia law provides that veterans with a qualifying disability shall be exempt from the annual registration fee and will be entitled to special license plates for one motor vehicle owned and used personally by the veteran.

INSTRUCTIONS	DMV USE ONLY
<ol style="list-style-type: none">1. Complete the Application Information section of this form.2. Send this form to the following address for validation: Veterans Service Officer 210 Franklin Road, SW Roanoke, VA 240113. A certified Veterans Administration (V.A.) physician, or a physician/nurse practitioner of your choice must complete the Medical Certification section of this form.4. When validated, submit this application with your registration application (MED 10: Disabled Parking Plates or Placards Application) to the Department of Motor Vehicles, Medical Review Services, Post Office Box 85815, Richmond, Virginia 23269-0001. Please ensure that your current mailing address is on your registration application. If you applying for placards, they will be mailed to you within 15 days.	<div style="border: 1px solid black; height: 40px; margin-bottom: 10px;"></div> <div style="border: 1px solid black; padding: 5px;"><p style="text-align: center; margin: 0;">V.A. USE ONLY</p><p>This veteran is certified disabled as follows under the provisions of Virginia Law:</p><p><input type="checkbox"/> Loss of sight, limb(s) or hand(s)</p><p><input type="checkbox"/> Loss of use of limb(s) or hand(s)</p><p><input type="checkbox"/> 100% permanently and totally disabled</p></div> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"><p style="text-align: center; margin: 0;">CERTIFICATION</p></div> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"><p style="text-align: center; margin: 0;">VETERAN'S SERVICES OFFICER SIGNATURE</p></div>

APPLICANT INFORMATION			
DISABLED VETERAN'S NAME (last) (first) (mi) (suffix)			
V.A. CLAIM NUMBER	APPLICATION TYPE: (check one) <input type="checkbox"/> PLACARDS <input type="checkbox"/> PLATES	<input type="checkbox"/> Check this box if you want the DV plate with the International Symbol of Access (disabled symbol). The Medical Certification section must be completed.	

MEDICAL CERTIFICATION					
<p style="text-align: center; margin: 0;"><i>(Prior to completing this section, refer to the Certification Table on the back of this form.)</i></p> <p>I certify and affirm that the above-described applicant has a PERMANENT DISABILITY which limits or impairs his/her ability to walk. The reason this patient's ability to walk is limited or impaired is checked below:</p> <table style="width: 100%; border: none;"><tr><td style="width: 50%; vertical-align: top; border: none;"><div><input type="checkbox"/> Cannot walk 200 feet without stopping to rest.</div><div><input type="checkbox"/> Uses portable oxygen.</div><div><input type="checkbox"/> Cannot walk without the use of or assistance from any of the following: another person, brace, cane, crutch, prosthetic device, wheelchair, or other assistive device.</div><div><input type="checkbox"/> Has a cardiac condition to the extent that functional limitations are classified in severity as Class III or Class IV according to standards set by the American Heart Association.</div><div><input type="checkbox"/> Is restricted by lung disease to such an extent that forced (respiratory) expiratory volume for one second, when measured by spirometry, is less than one liter, or the arterial oxygen tension is less than sixty millimeters of mercury on room air at rest.</div></td><td style="width: 50%; vertical-align: top; border: none;"><div><input type="checkbox"/> Is severely limited in ability to walk due an arthritic, neurological, or orthopedic condition.</div><div><input type="checkbox"/> Other condition that limits or impairs the ability to walk. <div style="border-bottom: 1px solid black; width: 100%; margin-top: 5px;"></div><div style="text-align: center; font-size: small;">(SPECIFIC CONDITION REQUIRED)</div></div><div><input type="checkbox"/> Has been diagnosed with a mental or developmental amentia or delay that impairs judgment including, but not limited to, an autism spectrum disorder.</div><div><input type="checkbox"/> Has been diagnosed with Alzheimer's disease or another form of dementia.</div><div><input type="checkbox"/> Is legally blind or deaf.</div><div><input type="checkbox"/> Other condition that creates a safety concern while walking. <div style="border-bottom: 1px solid black; width: 100%; margin-top: 5px;"></div><div style="text-align: center; font-size: small;">(SPECIFIC CONDITION REQUIRED)</div></div></td></tr></table>				<div><input type="checkbox"/> Cannot walk 200 feet without stopping to rest.</div> <div><input type="checkbox"/> Uses portable oxygen.</div> <div><input type="checkbox"/> Cannot walk without the use of or assistance from any of the following: another person, brace, cane, crutch, prosthetic device, wheelchair, or other assistive device.</div> <div><input type="checkbox"/> Has a cardiac condition to the extent that functional limitations are classified in severity as Class III or Class IV according to standards set by the American Heart Association.</div> <div><input type="checkbox"/> Is restricted by lung disease to such an extent that forced (respiratory) expiratory volume for one second, when measured by spirometry, is less than one liter, or the arterial oxygen tension is less than sixty millimeters of mercury on room air at rest.</div>	<div><input type="checkbox"/> Is severely limited in ability to walk due an arthritic, neurological, or orthopedic condition.</div> <div><input type="checkbox"/> Other condition that limits or impairs the ability to walk. <div style="border-bottom: 1px solid black; width: 100%; margin-top: 5px;"></div><div style="text-align: center; font-size: small;">(SPECIFIC CONDITION REQUIRED)</div></div> <div><input type="checkbox"/> Has been diagnosed with a mental or developmental amentia or delay that impairs judgment including, but not limited to, an autism spectrum disorder.</div> <div><input type="checkbox"/> Has been diagnosed with Alzheimer's disease or another form of dementia.</div> <div><input type="checkbox"/> Is legally blind or deaf.</div> <div><input type="checkbox"/> Other condition that creates a safety concern while walking. <div style="border-bottom: 1px solid black; width: 100%; margin-top: 5px;"></div><div style="text-align: center; font-size: small;">(SPECIFIC CONDITION REQUIRED)</div></div>
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MEDICAL PROFESSIONAL'S NAME		LICENSE TYPE	OFFICE TELEPHONE NUMBER ()		
MEDICAL LICENSE NUMBER	ISSUING STATE	EXPIRATION DATE	OFFICE FAX NUMBER ()		
MEDICAL PROFESSIONAL'S SIGNATURE			DATE (mm/dd/yyyy)		

CERTIFICATION TABLE				
PATIENT'S CONDITION	MEDICAL PROFESSIONAL AUTHORIZED TO CERTIFY TO A TEMPORARY (T) OR PERMANENT (P) CONDITION			
	PHYSICIAN	NURSE PRACTITIONER	PODIATRIST	CHIROPRACTOR
Cannot walk 200 feet without stopping to rest.	T or P	T or P	T	T
Uses portable oxygen.	T or P	T or P		
Cannot walk without the use of or assistance from a brace, cane, crutch, another person, prosthetic device, wheelchair, or other assistive device.	T or P	T or P	T	T
Has a cardiac condition to the extent that functional limitations are classified in severity as Class III or Class IV according to standards set by the American Heart Association.	T or P	T or P		
Is restricted by lung disease to such an extent that forced (respiratory) expiratory volume for one second, when measured by spirometry, is less than one liter, or the arterial oxygen tension is less than sixty millimeters of mercury on room air or at rest.	T or P	T or P		
Is severely limited in ability to walk due to an arthritic, neurological, or orthopedic condition.	T or P	T or P	T	T
Has some other debilitating condition that, in the view of a licensed physician, nurse practitioner, podiatrist, or chiropractor, limits or impairs ability to walk.	T or P	T or P	T	T
Has been diagnosed with a mental or developmental amentia or delay that impairs judgment including, but not limited to, an autism spectrum disorder.	P	P		
Has been diagnosed with Alzheimer's disease or another form of dementia.	P	P		
Is legally blind or deaf.	P	P		
Has some other condition that, in the view of a licensed physician or nurse practitioner creates a safety concern while walking because of impaired judgment or other physical, developmental, or mental limitation.	P	P		